


01-16-01

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PTO/SB/05 (09-00)  
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01/12/01

U.S. PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|  |                                       |
|--|---------------------------------------|
| Attorney Docket No.                      | 05313P002                             |
| First Inventor or Application Identifier | Sandra E. Hutchins                    |
| Title                                    | VARIABLE RATE SPEECH DATA COMPRESSION |
| Express Mail Label No.                   | EM14067308US                          |

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification Total Pages **56**  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets **8**
5. Oath or Declaration Total Pages **2**
  - a. ☒ Newly executed (original copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ Paper
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

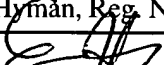
9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO - 1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 USC 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: .....

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
Prior application Information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_  
For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number of Bar Code Label  \*08791\* or ☐ Correspondence address below

|         |   |           |                |          |                |
|---------|---|-----------|----------------|----------|----------------|
| Name    | BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP  |           |                |          |                |
| Address | 12400 Wilshire Boulevard, Seventh Floor |           |                |          |                |
| City    | Los Angeles                             | State     | California     | Zip Code | 90025          |
| Country | U.S.A.                                  | Telephone | (310) 207-3800 | Fax      | (310) 820-5988 |

|                   |   |      |          |
|-------------------|---|------|----------|
| Name (Print/Type) | Eric S. Hyman, Reg. No. 30,139  |      |          |
| Signature         |  | Date | 01/12/01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

|   |                    |  |  |                    |  |             |          |                      |                    |               |  |                |  |                        |           |
|---|--------------------|--|--|--------------------|--|-------------|----------|----------------------|--------------------|---------------|--|----------------|--|------------------------|-----------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> |                    | <b>Complete if Known</b>   |  |                    |  |             |          |                      |                    |               |  |                |  |                        |           |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) <span style="font-size: large;">646.00</span>   |                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>01/12/01</td> </tr> <tr> <td>First Named Inventor</td> <td>Sandra E. Hutchins</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>05313P002</td> </tr> </table> |  | Application Number |  | Filing Date | 01/12/01 | First Named Inventor | Sandra E. Hutchins | Examiner Name |  | Group Art Unit |  | Attorney Docket Number | 05313P002 |
| Application Number  |                    |  |  |                    |  |             |          |                      |                    |               |  |                |  |                        |           |
| Filing Date   | 01/12/01           |  |  |                    |  |             |          |                      |                    |               |  |                |  |                        |           |
| First Named Inventor  | Sandra E. Hutchins |  |  |                    |  |             |          |                      |                    |               |  |                |  |                        |           |
| Examiner Name   |                    |  |  |                    |  |             |          |                      |                    |               |  |                |  |                        |           |
| Group Art Unit  |                    |  |  |                    |  |             |          |                      |                    |               |  |                |  |                        |           |
| Attorney Docket Number  | 05313P002          |  |  |                    |  |             |          |                      |                    |               |  |                |  |                        |           |

| <p><b>METHOD OF PAYMENT</b> (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">02-2666</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">Blakely, Sokoloff, Taylor &amp; Zafman LLP</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. FILING FEE</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Large Entity Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td>\$355</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b> 355.00</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>39</td> <td>-20** = 19</td> <td>X \$9.00 =</td> <td>171.00</td> </tr> <tr> <td>6</td> <td>-3** = 3</td> <td>X \$40.00 =</td> <td>120.00</td> </tr> <tr> <td colspan="4">Multiple Dependent</td> </tr> </tbody> </table> <p><b>Large Entity Small Entity</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Large Entity Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple Dependent claim</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b> 291.00</td> </tr> </tbody> </table> <p><small>**or number of previously paid, if greater; For Reissues, see above</small></p> | Large Entity Code     | Large Entity Fee (\$) | Small Entity Code     | Small Entity Fee (\$)  | Fee Description    | Fee Paid | 101 | 710 | 201 | 355 | Utility filing fee | \$355 | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |  | 108 | 710 | 208 | 355 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>(\$)</b> 355.00 | Total Claims | Extra Claims | Fee from below | Fee Paid | 39 | -20** = 19 | X \$9.00 = | 171.00 | 6 | -3** = 3 | X \$40.00 = | 120.00 | Multiple Dependent |  |  |  | Large Entity Code | Large Entity Fee (\$) | Small Entity Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 80 | 202 | 40 | Independent claims in excess of 3 |  | 104 | 270 | 204 | 135 | Multiple Dependent claim |  | 109 | 80 | 209 | 40 | **Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>(\$)</b> 291.00 | <p><b>3. ADDITIONAL FEE</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Large Entity Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920</td> <td>112</td> <td>920</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840</td> <td>113</td> <td>1,840</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td>Extension for response within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidably</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentionally</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>(\$)</b></td> </tr> </tbody> </table> <p><small>* Reduced by Basic Filing Fee Paid</small></p> | Large Entity Code | Large Entity Fee (\$) | Small Entity Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 112 | 920 | 112 | 920 | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840 | 113 | 1,840 | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for response within first month |  | 116 | 390 | 216 | 195 | Extension for response within second month |  | 117 | 890 | 217 | 445 | Extension for response within third month |  | 118 | 1,390 | 218 | 695 | Extension for response within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for response within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidably |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentionally |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$)</b> |
|---|-----------------------|-----------------------|-----------------------|--|--------------------|----------|-----|-----|-----|-----|--------------------|-------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|---------------------|--|--|--|--|--------------------|--------------|--------------|----------------|----------|----|------------|------------|--------|---|----------|-------------|--------|--------------------|--|--|--|-------------------|-----------------------|-------------------|-----------------------|-----------------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|--------------------------|--|-----|----|-----|----|---|--|-----|----|-----|---|---|--|---------------------|--|--|--|--|--------------------|---|-------------------|-----------------------|-------------------|-----------------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|-----|-----|-----|--|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|--------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|-------------|
| Large Entity Code   | Large Entity Fee (\$) | Small Entity Code     | Small Entity Fee (\$) | Fee Description  | Fee Paid           |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 101   | 710                   | 201                   | 355                   | Utility filing fee   | \$355              |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 106   | 320                   | 206                   | 160                   | Design filing fee  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 107   | 490                   | 207                   | 245                   | Plant filing fee   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 108   | 710                   | 208                   | 355                   | Reissue filing fee   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 114   | 150                   | 214                   | 75                    | Provisional filing fee   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| <b>SUBTOTAL (1)</b>   |                       |                       |                       |  | <b>(\$)</b> 355.00 |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Total Claims  | Extra Claims          | Fee from below        | Fee Paid              |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 39  | -20** = 19            | X \$9.00 =            | 171.00                |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 6   | -3** = 3              | X \$40.00 =           | 120.00                |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Multiple Dependent  |                       |                       |                       |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Large Entity Code   | Large Entity Fee (\$) | Small Entity Code     | Small Entity Fee (\$) | Fee Description  | Fee Paid           |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 103   | 18                    | 203                   | 9                     | Claims in excess of 20   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 102   | 80                    | 202                   | 40                    | Independent claims in excess of 3  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 104   | 270                   | 204                   | 135                   | Multiple Dependent claim   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 109   | 80                    | 209                   | 40                    | **Reissue independent claims over original patent                          |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 110   | 18                    | 210                   | 9                     | **Reissue claims in excess of 20 and over original patent                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| <b>SUBTOTAL (2)</b>   |                       |                       |                       |  | <b>(\$)</b> 291.00 |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Large Entity Code   | Large Entity Fee (\$) | Small Entity Code     | Small Entity Fee (\$) | Fee Description  | Fee Paid           |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 105   | 130                   | 205                   | 65                    | Surcharge - late filing fee or oath  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 127   | 50                    | 227                   | 25                    | Surcharge - late provisional filing fee or cover sheet                     |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 139   | 130                   | 139                   | 130                   | Non-English specification  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 147   | 2,520                 | 147                   | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 112   | 920                   | 112                   | 920                   | Requesting publication of SIR prior to Examiner action                     |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 113   | 1,840                 | 113                   | 1,840                 | Requesting publication of SIR after Examiner action                        |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 115   | 110                   | 215                   | 55                    | Extension for response within first month                                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 116   | 390                   | 216                   | 195                   | Extension for response within second month                                 |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 117   | 890                   | 217                   | 445                   | Extension for response within third month                                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 118   | 1,390                 | 218                   | 695                   | Extension for response within fourth month                                 |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 128   | 1,890                 | 228                   | 945                   | Extension for response within fifth month                                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 119   | 310                   | 219                   | 155                   | Notice of Appeal   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 120   | 310                   | 220                   | 155                   | Filing a brief in support of an appeal                                     |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 121   | 270                   | 221                   | 135                   | Request for oral hearing   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 138   | 1,510                 | 138                   | 1,510                 | Petition to institute a public use proceeding                              |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 140   | 110                   | 240                   | 55                    | Petition to revive - unavoidably   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 141   | 1,240                 | 241                   | 620                   | Petition to revive - unintentionally                                       |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 142   | 1,240                 | 242                   | 620                   | Utility issue fee (or reissue)   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 143   | 440                   | 243                   | 220                   | Design issue fee   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 144   | 600                   | 244                   | 300                   | Plant issue fee  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 122   | 130                   | 122                   | 130                   | Petitions to the Commissioner  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 123   | 50                    | 123                   | 50                    | Petitions related to provisional applications                              |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 126   | 180                   | 126                   | 180                   | Submission of Information Disclosure Stmt                                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 581   | 40                    | 581                   | 40                    | Recording each patent assignment per property (times number of properties) |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 146   | 710                   | 246                   | 355                   | Filing a submission after final rejection (37 CFR 1.129(a))                |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 149   | 710                   | 249                   | 355                   | For each additional invention to be examined (37 CFR 1.129(b))             |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 179   | 710                   | 279                   | 355                   | Request for Continued Examination (RCE)                                    |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| 169   | 900                   | 169                   | 900                   | Request for expedited examination of a design application                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| Other fee (specify) _____   |                       |                       |                       |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |
| <b>SUBTOTAL (3)</b>   |                       |                       |                       |  | <b>(\$)</b>        |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |            |            |        |   |          |             |        |                    |  |  |  |                   |                       |                   |                       |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                    |   |                   |                       |                   |                       |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |             |

|                       |                                |  |  |                                 |          |
|-----------------------|--------------------------------|--|--|---------------------------------|----------|
| <b>SUBMITTED BY</b>   |                                |  |  | <b>Complete (if applicable)</b> |          |
| Typed or Printed Name | Eric S. Hyman, Reg. No. 30,139 |  |  | Reg. Number                     |          |
| Signature             |                                |  |  | Date                            | 01/12/01 |
|                       |                                |  |  | Deposit Account User ID         | 02-2666  |